

WHITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAR 16 1937

1. PLACE OF DEATH

County Duchesne

Registration District No. 85

Township Washington

Primary Registration District No. 1001

City St. Joseph, Mo.

State Mo. Hospital #2

File No.

5165

Registered No.

249

St.

Ward

2. FULL NAME

(a) Residence, No. State Staff No. 2  
(Usual place of abode)

Frank Taylor

St. Joseph, Mo.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Mrs. Melvin Boyles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

November 26, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

2

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

Nurse "Home"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at State Hospital #2

10. Date deceased last worked at this occupation (month and year)

January 1937

11. Total time (years) spent in this occupation

5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cincinnati, Mo.

FATHER

13. NAME

Lewis David Boyles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Joseph, Mo.

MOTHER

15. MAIDEN NAME

Mary Frances King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Winifred, Mo.

17. INFORMANT (ADDRESS)

Dr. M. L. Miller

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Park Cemetery

Febr. 26, 1937

19. UNDERTAKER (ADDRESS)

E. R. SIDENFADEN FUNERAL HOME

602 SOUTH 10TH STREET

20. FILED

Feb 28, 1937

J. H. Hestebush

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1937, to July 24, 1937.

I last saw him alive on July 24, 1937. Death is said

to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas with metastasis to liver.

Date of onset

Other contributory causes of importance:

No

Name of operation

No op.

Date of

What test confirmed diagnosis?

Spec.

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

No

Date of injury

Where did injury occur?

Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

(Address)

M. D.

